SEP 0 8 7006	this form, together w	ith applicable f	ee(s), to: <u>h</u> or	Mail Fax	P.O. Box 1450 Alexandria, Virgi (571)-273-2885	inia 22313-1		bould be some lated - 1	
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recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified b 37 CFR 3.11. Completion EE LICENSING	elow, no assignee d of this form is NOT	lata will appe 'a substitute f (B) RESIDET BOU	ar on the filing NCE: (C	he patent. If an assign g an assignment. CITY and STATE OR Cone—Billanco	COUNTRY) Durt, FF	RANCE		
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